



Customer No. 006980
Docket No.: PHARM1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)
)
WATANABE, Kyoichi) Group Art Unit: 1614
)
Serial No.: 09/834,596) Examiner: Not Assigned
)
Filed: April 13, 2001)
)
For: 3'-or 2'-hydroxymethyl Substituted Nucleoside)
Derivatives for Treatment of Hepatitis Virus)
Infection)

**RESPONSE TO NOTICE TO FILE MISSING
PARTS OF NON-PROVISIONAL APPLICATION-FILING DATE GRANTED**

BOX: MISSING PARTS

Honorable Assistant Commissioner of
Patents
Washington, D.C. 20231

Atlanta, Georgia 30308-2216

Dear Sir:

The Notice To File Missing Parts of Non-Provisional Application-Filing Date Granted dated May 16, 2001 has been received and reviewed. In response thereto, enclosed please find a Declaration for Utility Patent Application executed and dated by the inventors. Also enclosed is the \$65.00 filing fee under 37 CFR 1.16(e).

In addition, Application encloses a Power of Attorney signed and dated by the inventors.

The commissioner is hereby authorized to charge Deposit Account No. 20-1507 for any additional fees due and credit any overpayment.

Respectfully submitted,

Jacqueline Haley

Jacqueline Haley
Registration No. 41,457

06/26/2001 KZEWDIE 00000021 09834596

01 FC:205

65.00 DP

Troutman Sanders LLP
600 Peachtree Street, N.E., Suite 5200
Atlanta, Georgia 30308-2216
404.885-3561

I hereby certify that this correspondence is being deposited
with the U.S. Postal Service as first class mail on 6/20/01 addressed
to: Commissioner for Patents, Box Missing Parts, Wash., D.C. 20231

Virginia Hamilton
Name
Virginia Hamilton
Signature

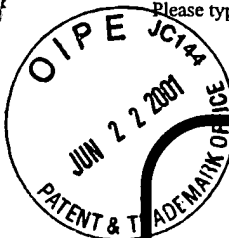
Please type a plus sign (+) inside this box.



PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OBM 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|---------------|
| Application Number | 09/834,596 |
| Filing Date | 13 April 2001 |
| First Named Inventor | Watanabe, K. |
| Group Art Unit | 1614 |
| Examiner Name | Unassigned |
| Attorney Docket Number | PAHRM1 |

Total Number of Pages in This Submission

7

ENCLOSURES (check all that apply)

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 C.F.R. § 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney or Authorization of Agent <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; width: fit-content;">Return Postcard Declaration</div> | | |
| <table border="1"> <tr> <td>Remarks</td> <td></td> </tr> </table> | | | Remarks | |
| Remarks | | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|-----------------------------------|
| Firm or Individual name | Jacqueline Haley, Reg. No. 41,457 |
| Signature | <i>Jacqueline Haley</i> |
| Date | 6-19-01 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail in an envelope addressed to: Commissioner for Patents, Box Missing Parts, Washington, D.C. 20231 on this date: 20 June 2001

| | |
|-----------------------|--------------------------|
| Typed or printed name | Virginia Hamilton |
| Signature | <i>Virginia Hamilton</i> |
| Date | 20 June 2001 |

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$) 65.00**Complete if Known**

| | |
|----------------------|---------------|
| Application Number | 09/834,596 |
| Filing Date | 13 April 2001 |
| First Named Inventor | Watanabe, K. |
| Examiner Name | Not Assigned |
| Group Art Unit | 1614 |
| Attorney Docket No. | PHARM1 |

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number

20-1507

Deposit
Account
Name

TROUTMAN SANDERS LLP

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
- ☒ Applicant Claims small entity status.
See 37 CFR 1.27

2. ☒ Payment Enclosed:
- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|----------------------|-----------------------|----------------------|-----------------------|------------------------|----------|
| 101 | 710 | 201 | 355 | Utility filing fee | |
| 106 | 320 | 206 | 180 | Design filing fee | |
| 107 | 490 | 207 | 245 | Plant filing fee | |
| 108 | 710 | 208 | 355 | Reissue filing fee | |
| 114 | 150 | 214 | 75 | Provisional filing fee | |

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES**

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 20** | | | |
| Independent Claims | 3** | | |
| Multiple Dependent | | | |

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description |
|----------------------|-----------------------|----------------------|-----------------------|------------------------------------------------------------|
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 |
| 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid |
| 109 | 80 | 209 | 40 | ** Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|----------------------|-----------------------|----------------------|-----------------------|----------------------------------------------------------------------------|----------|
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | 65. |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 116 | 390 | 216 | 195 | Extension for reply within second month | |
| 117 | 890 | 217 | 445 | Extension for reply within third month | |
| 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | |
| 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | |
| 119 | 310 | 219 | 155 | Notice of Appeal | |
| 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | |
| 121 | 270 | 221 | 135 | Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | |
| 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | |
| 143 | 440 | 243 | 220 | Design issue fee | |
| 144 | 600 | 244 | 300 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 126 | 180 | 126 | 240 | Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | |
| 169 | 900 | 169 | 900 | Request for expedited examination of a design application | |

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 65.00**SUBMITTED BY**

Name (Print/Type) Jacqueline Haley

Signature

*Jacqueline Haley***Complete (if applicable)**Registration. No. 41,457
(Attorney/Agent)

Telephone 404.885.3561

Date 19 June 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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